



STEUBEN COUNTY

SHERIFF'S OFFICE

Rodney L. Robinson, Sheriff
206 EAST GALE STREET • ANGOLA, INDIANA 46703
(260) 668-1000 ext 5000 • Fax (260) 665-9476
www.steubensheriff.com

BEFORE YOU FILE A COMPLAINT, PLEASE BE ADVISED OF THE FOLLOWING:

1. **False Informing; IC35-44-2-2(B)**

By signing this form; you are declaring that you have read and understand the False Informing Statute and that you are reporting a crime.

(B) A person who: gives a false report of the commission of a crime or gives false information in the official investigation of the commission of a crime, or alleging an officer engaged in misconduct while performing the officer's duties; and knowing the complaint to be false or knowing the report or information to be false: Commits False Informing, a class B Misdemeanor. However, the offense is a class A Misdemeanor if it substantially hinders any Law Enforcement process or if it results in harm to an innocent person.

IF YOU HAVE VIOLATED THE ABOVE STATUTE YOU CAN AND WILL BE PROSECUTED.

Victim(s)/Reporter(s) Signature:

2. In addition to the criminal statute above, you may also be subject to a civil penalty, specifically: If your claim is determined by a court to be without sufficient basis such that it constitutes slander or libel. You are informed that the officer may, pursuant to Indiana Law, file a lawsuit against you seeking both damages for harm to reputation and payment of his/her attorney fees.

This Information is provided to you, not to preclude or to deter you from filing a legitimate complaint, but to place you on notice of the penalties that you may face if it is determined that you have filed a false claim against an office.

Victims(s)/Reporter(s) Signature:



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NOTICE OF COMPLAINT AGAINST A LAW ENFORCEMENT OFFICER

Date of Complaint: _____

Complainant's Name: _____

Complainant DOB: _____

Complainant SSN: _____

Complainant Address: _____

Complainant Phone: H _____ W _____ C _____

Witnesses of Incident-Yes/No. If yes, Name: _____

Witness DOB: _____ Address: _____

Witness Phone Number: _____

Please list any additional witnesses and their proper information on the back of this form.

Officer(s) Name: _____

Information pertaining to complaint must be printed or typed by complainant(s) and signed by the complainant(s) in the presence of a witness. Witness will provide a date of birth and correct address.

ADMINISTRATIVE SIGNATURE AUTHORIZING INVESTIGATION OF COMPLAINT

_____ Date _____

Assignment of Personnel: _____

Sheriff's Office Member: _____